

FEC FORM 5**REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED****To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations**

1. (a) Name of Individual, Organization or Corporation DEFENDERS OF WILDLIFE ACTION FUND	
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1130 17TH ST NW	
(c) City, State and ZIP Code WASHINGTON DC 20036	
3. FEC Identification Number C C90007907	
2. Corporate filers only	Is the filer a qualified nonprofit corporation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Individual filers only	Name of Employer Occupation

4. TYPE OF REPORT (check appropriate boxes):

- (a) ☐ April 15 Quarterly Report ☒ 24-Hour Notice ☐ 48-Hour Notice
- ☐ July 15 Quarterly Report
- ☐ October Quarterly Report
- ☐ January 31 Year-End Report

(b) Is this Report an amendment? Yes ☐ No ☒

5. COVERING PERIOD: FROM

M	M
0	5

 /

D	D
0	8

 /

Y	Y	Y	Y
2	0	0	8

THROUGH

M	M
0	5

 /

D	D
0	9

 /

Y	Y	Y	Y
2	0	0	8

6. TOTAL CONTRIBUTIONS

.00

7. TOTAL INDEPENDENT EXPENDITURES.....

71015.58

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in constitution with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

William Lutz

05/09/2008

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. 437g.

For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

DEFENDERS OF WILDLIFE ACTION FUND

Full Name (Last, First, Middle Initial) of Payee
Abar Hutton

Date

M M / D D / Y Y Y Y
0 5 / 0 8 / 2 0 0 8

Mailing Address

6190 Grovedale Court Suite 200

Amount

64732.80

City

Alexandria

State

VA

Zip Code

22310

Purpose of Expenditure

Television media buy - Flip

Category/
Type

Office Sought:

☐ House

State: NM

Senate

☒ Senate

District: _____

☐ President

Check One:

☐ Support☒ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Heather Wilson

Disbursement For:
2008☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

158420.80

Full Name (Last, First, Middle Initial) of Payee

Wild Bunch Consulting

Date

M M / D D / Y Y Y Y
0 5 / 0 8 / 2 0 0 8

Mailing Address

2207 Valley Circle

Amount

5000.00

City

Alexandria

State

VA

Zip Code

22302

Purpose of Expenditure

Television media buy - Flip

Category/
Type

Office Sought:

☐ House

State: NM

Senate

☒ Senate

District: _____

☐ President

Check One:

☐ Support☒ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Heather Wilson

Disbursement For:
2008☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

21800.00

Full Name (Last, First, Middle Initial) of Payee

Brian McGann

Date

M M / D D / Y Y Y Y
0 5 / 0 8 / 2 0 0 8

Mailing Address

611 Lead Ave SW #428

Amount

4.04

City

Albuquerque

State

NM

Zip Code

87102

Purpose of Expenditure

Campaign canvass expenses

Category/
Type

Office Sought:

☐ House

State: NM

Senate

☒ Senate

District: _____

☐ President

Check One:

☐ Support☒ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Heather Wilson

Disbursement For:
2008☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

4.04

(a) SUBTOTAL of Itemized Independent Expenditures

69736.84

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE **3 / 4**

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

DEFENDERS OF WILDLIFE ACTION FUND

Full Name (Last, First, Middle Initial) of Payee
Subway

Date

M M / D D / Y Y Y Y
0 5 / 0 8 / 2 0 0 8Mailing Address
1306 Gibson SE

Amount

53.44

City
AlbuquerqueState
NMZip Code
87106Purpose of Expenditure
Campaign canvass expensesCategory/
Type

Office Sought:

☐ House

State: NM

Senate

☒ Senate

District: _____

☐ President

Check One:

☐ Support☒ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Heather WilsonCalendar Year-To-Date Per Election
for Office Sought

53.44

Disbursement For:
2008☒ Primary☐ General☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Papa John's Pizza

Date

M M / D D / Y Y Y Y
0 5 / 0 8 / 2 0 0 8Mailing Address
2006 Central Ave SE

Amount

95.20

City
AlbuquerqueState
NMZip Code
87106Purpose of Expenditure
Campaign canvass expensesCategory/
Type

Office Sought:

☐ House

State: NM

Senate

☒ Senate

District: _____

☐ President

Check One:

☐ Support☒ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Heather WilsonCalendar Year-To-Date Per Election
for Office Sought

193.82

Disbursement For:
2008☒ Primary☐ General☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Wal Mart

Date

M M / D D / Y Y Y Y
0 5 / 0 8 / 2 0 0 8Mailing Address
2550 Coors Blvd NW

Amount

112.51

City
AlbuquerqueState
NMZip Code
87120Purpose of Expenditure
Campaign canvass expensesCategory/
Type

Office Sought:

☐ House

State: NM

Senate

☒ Senate

District: _____

☐ President

Check One:

☐ Support☒ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Heather WilsonCalendar Year-To-Date Per Election
for Office Sought

268.51

Disbursement For:
2008☒ Primary☐ General☐ Other (specify) _____(a) **SUBTOTAL** of Itemized Independent Expenditures

261.15

(b) **SUBTOTAL** of Unitemized Independent Expenditures(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

DEFENDERS OF WILDLIFE ACTION FUND

Full Name (Last, First, Middle Initial) of Payee
Office Depot

Date

M M / D D / Y Y Y Y
0 5 / 0 8 / 2 0 0 8Mailing Address
5001 Cutler Ave NE

Amount

517.59

City
AlbuquerqueState
NMZip Code
87110Purpose of Expenditure
Office suppliesCategory/
Type

Office Sought:

☐ House

State: NM

Senate

☒ Senate

District: _____

☐ President

Check One:

☐ Support☒ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Heather WilsonCalendar Year-To-Date Per Election
for Office Sought

609.04

Disbursement For:
2008☒ Primary☐ General☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Karl Malone Toyota

Date

M M / D D / Y Y Y Y
0 5 / 0 8 / 2 0 0 8Mailing Address
10401 Copper Ave NE

Amount

500.00

City
AlbuquerqueState
NMZip Code
87123Purpose of Expenditure
Deposit for car for campaign eventCategory/
Type

Office Sought:

☐ House

State: NM

Senate

☒ Senate

District: _____

☐ President

Check One:

☐ Support☒ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Heather WilsonCalendar Year-To-Date Per Election
for Office Sought

500.00

Disbursement For:
2008☒ Primary☐ General☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures

1017.59

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

71015.58